

Dallas County
1115 Waiver- Crisis Services Project

Strategies for More Effective Data Collection and Use

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Crisis Services Project Overview

What is Crisis Services Project (CSP)?

- Integrated approach to increasing diversion from jail, emergency rooms, and psychiatric hospitals
- Transforms data collection to provide point of service decision support and identify systemic intervention priorities
- Started services September 2013

Goal

- Reduce **higher levels of care** and **criminal justice involvement** for persons with behavioral health needs

Crisis Services Project

Who We Serve

- Clients in jail with verified and suspected behavioral health needs
- Clients on forensic commitments to State Hospitals
- Persons released from jail into treatment services with and without continued supervision (probation, conditional dismissals, bond releases and time served)

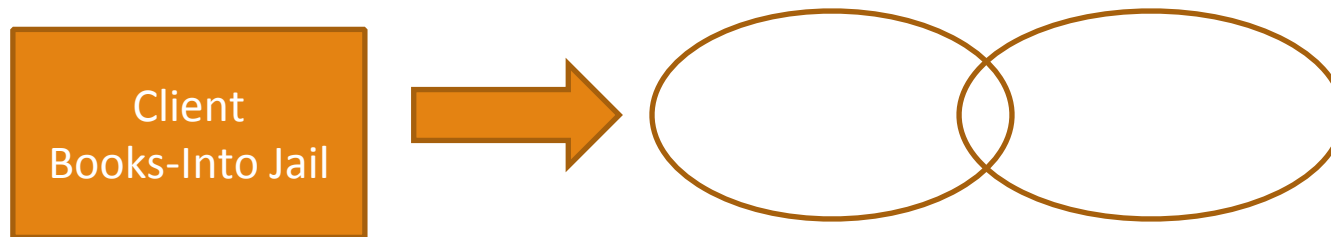
*Most clients receive behavioral services within the North Star network

Crisis Services Project

How We Identify Clients

CSP Data System Matches:

1. CSP Data Matching System



2. Parkland Jail Health Identifies clients during initial assessment

3. Direct Referrals – family, attorney, jail, inmate “kites”

Crisis Services Project

Improving Client Outcomes

- Getting early referrals (at book-in)
- Repeat engagements while client is in jail
- Recognizing treatment recommendations are significantly influenced by readiness to change
- Facilitating early collaboration to develop exit plans
- Identifying client and system barriers early (housing, financial, transportation)
- Developing tailored re-entry responses
- Recognizing Trauma-informed care as a system response

Stella Data Matching System

- Jail Instant Messaging Instance (JIMI) in Stella
- Jail bookings managed through AIS (Adult Information System), operated and owned by Dallas County
- Notice of jail bookings sent from AIS to JIMI every 15 minutes
- JIMI Matches against a data base of NorthSTAR paid claims
- Provides diagnosis, service history, current medications, current provider
- Triage staff use this data to prioritize defendants needing assessments
- JIMI data used to build an electronic health record
- JIMI then has a workflow component so that referrals and information can be shared with attorney and service providers

Stella Features and Functionality

- Triangulates and integrates data to ensure the highest possible rates of patient matching via use of automated matching algorithms and manual matching tools
- Each agency is provided with an interface that affords HIPAA compliant role identification and differential privileging
- Online awareness to provide real-time alerts of events (e.g., jail book in, release from jail, etc...) based upon configurable workflows
- Provides event / activity-based reporting regarding unique patients, providers and organizations; in particular transactions and events that should have occurred but didn't
- User activity logs
- Identification of high utilizers
- Dashboards and reporting interface
- Inmate location and status cues

Encounter Breakdown

- October 2014 - June 2015
 - Unique Consumers – 3,937
 - Triage Encounters- 5,116
 - Care Coordination Encounters- 19,175
 - Face-to-Face Encounters- 2,146

Data Universe

- Jail Instant Messaging Instance (JIMI) Determined what data was needed for DSRIP Cat 1 and Cat 3 reporting
- QPI – number served
- Recidivism – jail readmissions from AIS data
- Time for community appointment after state hospital discharge
- Base line from NorthSTAR data reported to DSHS data warehouse

Service Network Engagement

- Contracted with existing NorthSTAR mobile crisis and hot line provider for both data system development and triage/assessment services – Adapt Community Solutions (“ACS”)
- A limited data matching system was already in place (JIMI) with providers within criminal justice system already using the information
- Project managed through criminal justice department, thereby facilitating access to AIS jail bookin data
- ACS had existing agreement with NorthSTAR BHO for data access that was expanded to include Crisis Services Project
- Dallas County closely aligned with local mental health authority

Usage and Sharing of Data

- Project partners meet bi-weekly to review data, use PDSA process for program improvements, identify and resolve any barriers
- Monthly summary data provided to Dallas County Behavioral Health Leadership Team and its CSP Governance Committee – locus for program oversight and integration with other projects
- Monthly summary data also provided to other interested stakeholders – BHSC, NTBHA Board, Criminal Justice Advisory Board
- Identified service gaps drive development of new and/or expanded services – SPN Aftercare Engagement, Specialty Court Outpatient SUD Expansion, purchase of transitional beds at local Salvation Army

ACS 1115 CSP Monthly Production Report

	Past Year Average	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	AVERAGE	TOTAL
Total Service Episodes:	449	741	479	308	393	573	713	629	620	660	568	5,116
Total Unique Consumers:	328	740	344	239	274	462	559	518	402	399	437	3,937
Percentage Change to DY3		225.50%	104.82%	72.83%	83.49%	140.78%	170.34%	157.85%	122.50%	121.58%		
Total Encounters by Type:												
Triage		741	479	308	393	573	713	629	620	660	568	5,116
Care Coordination		1420	1297	1441	1425	2160	3032	2985	2668	2767	2131	19,175
F2F Encounter		157	145	173	190	247	310	340	285	299	238	2,146
TOTAL Encounters:		2318	1921	1922	2008	2980	4055	3934	3573	3726	2937	26,437

Recidivism 10/1/14 - 6/30/15

Triages 12	3762
Bookins 12	898
Recidivism % 12 - 12	23.87%
Triages 6	2528
Bookins 6	416
Recidivism % 6 - 6	16.46%
Triages 6	2528
Bookins 12	782
Recidivism % 6 - 12	30.93%

Frank Crowley Specific Report

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	AVERAGE	TOTAL
Service Episodes:	680	435	267	352	535	650	572	572	614	508	4,677
Unique Consumers:											
By RN ID	651	281	182	217	409	489	439	337	336	371	3,341
By Client ID	28	19	20	18	15	18	25	22	22	21	187
TOTAL Unique Consumers:	679	300	202	235	424	507	464	359	358	396	3,528
TOTAL Unique Consumers as %:	99.85%	68.97%	75.66%	66.76%	79.25%	78.00%	81.12%	62.76%	58.31%		
Unique F2F:											
By RN ID	83	67	96	106	150	220	220	154	152	139	1,248
By Client ID	17	14	8	10	10	13	13	15	15	13	115
TOTAL Unique F2F:	100	81	104	116	160	233	233	169	167	150	1,363
TOTAL Unique F2F as a %:	93%	76%	76%	75%	76%	89%	80%	69%	64%		
F2F Percentage:	15.88%	24.60%	50.94%	43.75%	39.44%	40.15%	51.05%	42.66%	42.18%	37.89%	37.89%
Encounters by Type:											
Triage	680	435	267	352	535	650	572	572	614	520	4,677
Care Coordination	1057	1023	1157	1160	1929	2705	2630	2407	2539	1845	16,607
F2F Encounter	106	107	136	154	211	261	292	244	259	197	1,772
TOTAL Encounters:	1845	1565	1560	1666	2675	3616	3494	3223	3412	2466	23,056
Female:											
Black	128	77	47	40	75	120	98	68	69	80	722
White	61	38	23	22	39	38	42	39	40	38	342
Hispanic	33	8	3	8	20	22	17	17	11	15	139
Other					1	4				3	5
Unknown		3		1	1	1	2	1		2	
TOTAL Female:	222	126	73	71	136	185	159	125	120	137	1,208
Male:											
Black	282	197	81	106	193	204	214	145	140	174	1,562
White	107	52	29	36	56	70	61	61	63	59	535
Hispanic	65	21	13	20	34	40	27	24	34	31	278
Other	2	3	1	1	4	6	3	2	3	2	22
Unknown	1	1	5	1	1	2		2	1	2	14
TOTAL Male:	457	274	129	164	288	322	305	234	238	272	2,411

Unique F2F:

By N* ID

By Client ID

TOTAL Unique F2F:

TOTAL Unique F2F as a %:

F2F Percentage:

Encounters by Type:

Triage

Care Coordination

F2F Encounter

TOTAL Encounters:

Female:

Black

White

Hispanic

Other

Unknown

TOTAL Female:

Male:

Black

White

Hispanic

Other

Unknown

TOTAL Male:

Age of Triage Encounters:

Adult

Minor

Uncollected

TOTAL Age of Triage Encounters:

Age of F2F Encounters:

Adult

Minor

Uncollected

TOTAL Age of F2F Encounters:

F2F Outcomes:

23 hours obs

Crisis Residential

Hotline/MCOT

Inpatient- Civil

Intensive Outpatient

Left Against Clinical Advice

Medical Referral

No Behavioral Health Services Indicated

Other Higher Level of Care

Partial Hospitalization Program

Residential-CD

Residential-SUD/ COPSD

Routine Outpatient

School-based services

Unable to complete assessment

Urgent Care Clinic

TOTAL Outcomes

Diversion Rate

45	33	32	28	30	40	47	33	19	
3	5	2	6	5	5	1	5	17	
48	38	34	34	35	45	48	38	36	
98%	100%	92%	94%	97%	92%	100%	93%	90%	
80.33%	86.36%	90.24%	87.80%	94.74%	77.78%	84.21%	85.42%	86.96%	
61	44	41	41	38	63	57	48	46	
363	274	284	265	231	327	335	261	228	
49	38	37	38	38	43	48	41	40	
473	356	362	342	305	439	440	350	314	
14	6	9	7	7	12	13	9	9	
3	7	3	6	3	5	4	5	8	
8	7	2	7	7	3	7	8	5	
2			1		3			1	
2	2	1	2	1		1		2	
29	22	15	23	18	23	25	22	23	
16	14	9	6	8	12	10	8	9	
9	3	5	2	8	7	6	9	4	
6	5	4	5	3	7	10	3	4	
1		2		1	3		1		
		2	3			3		1	
32	22	22	16	20	29	29	21	18	
38	30	30	24	32	32	34	25	31	
21	11	5	10	5	17	15	17	9	
2	3	2	5	1	3	5	1	1	
61	44	37	39	38	52	54	43	41	
31	30	29	24	31	30	36	23	27	
17	8	5	10	4	15	12	15	9	
0	0								
48	38	34	34	35	45	48	38	36	
	2	5	1	3	3	6	1	1	
9	6	5	5	2	8	7	10	5	
4	3	2	1	6	4	5	3	5	
		1							
3	1	4	2	2			3	2	
		1				1		1	
	1								
2	2								
	1								
25	20	12	19	15	19	19	15	18	
		1			1	2			
					1				
4	1	2	3	5	7	6	6	4	
48	38	34	34	35	45	48	38	36	
81.25%	84.21%	85.29%	85.29%	94.29%	82.22%	85.42%	73.68%	86.11%	

34	307
5	49
40	356
96%	95%
85.19%	85.19%
49	439
285	2568
48	374
383	3381
10	86
5	44
6	54
2	7
2	2
22	191
1	
10	92
6	53
5	47
2	8
2	9
24	209
31	276
12	110
3	23
46	409
29	261
11	95
0	0
40	356
3	22
1	
6	57
4	33
1	
2	17
1	
1	1
2	2
2	4
2	10
18	162
1	
2	3
4	38
40	351
	83.76%

Transicare Reporting
Crisis Services Project

		2014-10	2014-11	2014-12	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06
1	Beginning Census	36	34	42	48	58	47	62	65	62
2	REFERRALS	18	27	42	31	7	53	16	29	37
3	Admissions									
4	Referred Admitted	4	8	12	12	2	21	7	9	11
5	No Admit Client Refusal	1		1	1				3	2
6	No Admit Criteria	6	7	8	9	1	10	3	8	10
7	No Admit Structural	1	6	6	4		2	1	1	2
8	Pending	6	6	15	5	4	20	5	8	12
9	<i>PRIOR PENDING</i>									
10	Pending Admitted		5	4	7	3	4	9	6	9
11	No Admit Client Refusal		1	3			1	3		1
12	No Admit Criteria	3	3		2	2		2		1
13	No Admit Structural		1	1	4		2	2	1	0
14										
15	Total Admissions	4	13	16	19	5	25	16	15	20
16										
17	Discharges									
18	Success Transfer	1	3	2	4	8	5	3	4	5
19	DC Midterm Disengage	1		1		1	1	3	4	2
20	DC Rapid Disengage	3	1	1	1	1	1		1	0
21	DC Structural	1	1	6	4	6	3	7	9	6
22	Total Discharged	6	5	10	9	16	10	13	18	13
23	Active End Of Month	34	42	48	58	47	62	65	62	69
24										
25	Outcome Data									
26	<i>Terrell State Hospital Linkages</i>									
27	≤7 Connect To Prescriber	2	4	4	2	3	7	7	3	3
28	≤30 Connect To Prescriber	2							1	0
29	Missed Metric			4		1	0	0	0	0
30	Total Released	4	4	8	2	4	7	7	4	3
31										
32	Cummulative ≤7 Connect %	50.0%	75.0%	62.5%	66.7%	68.2%	75.9%	80.6%	80.0%	84.6%
33	Cummulative ≤30 Connect %	100.0%	100.0%	75.0%	77.8%	77.3%	82.8%	86.1%	87.5%	87.2%
34	Missed Metric	0.0%	0.0%	25.0%	22.2%	22.7%	17.2%	13.9%	12.5%	12.8%
35	<i>Unduplicated Served</i>									
36	Monthly Unduplicated	56	53	72	81	65	90	84	90	91
37	DSRIP YTD Unduplicated Served	56	74	103	136	140	182	199	226	257
38										
39	<i>Encounter Data</i>									
40	F2F Encounter	297	226	451	497	376	409	561	490	516
41	Care Coord	174	138	177	209	178	177	246	255	260
42	Total	471	364	628	706	554	586	807	745	776

Forensic Diversion Unit (FDU) Report

[illegible]

**1115 Waiver- Dallas County
DY 4 Crisis Services Project (CSP) Metric Update
August 13, 2015**

Process Improvement Metrics (Category 1)

Metric Description	DY4 Goal	DY4 Achievement	Status	Match Value
Consumers Served	4,200	3,937 (as of June '15)	On-target	\$783,660
Bi-weekly meetings	26	22 (5 scheduled)	On-target	\$783,660
Test 3 new idea each quarter	3	3	On- target	\$783,660
Face-to-Face Learning Collaboratives	2	2	On-Target	\$783,660
Implement "raise the floor" from Learning Collaboratives	1 per LC	1 per LC	On-Target	N/A (LC metric)
Cost avoided by crisis alternative setting (jail)*	3% reduction from baseline (21%)	5% reduction from baseline (25% reduction in ratio of crisis services spend for Jail: Dallas County)	Over-Target	\$783,660
Evaluate CSP at BHLT	Yes	Yes (8 mtgs. to date)	On-Target	\$783,660
Total				\$4,701,960

Outcome Metrics (Category 3)

Outcome Improvement Metrics (Cat. 3)	Goal	Achievement	Status	Match Value
Decrease in jail readmissions from baseline	29%	24% (as of June '15)	On-target <u>(area for concern)</u>	\$130,458
Report measure to specification	Yes	Yes (Will report in October '15)	On-target	\$130,458
7-day follow-up after hospital	32%	85% (as of June '15)	Over-target	\$65,229
30-day follow-up after hospital	57%	87% (as of June '15)	Over-target	\$65,229
Report jail measure to specification	Yes	Yes (Will report in October '15)	On-Target	\$130,458
Total				\$521,832

* **Baseline Calculation (10/1/12 to 9/30/13):** Total crisis services cost spent for total jail bookings with NorthSTAR ID (\$6,389,021)/ Total crisis services cost spent in Dallas County (\$29,903,659)

Achievement Calculation (10/1/13 to 9/30/14): Total crisis services cost spent for total jail bookings with NorthSTAR ID (\$4,417,654)/ Total crisis services cost spent in Dallas County (\$27,188,486)